



Application for Membership Form

EWAMIAN PEOPLE ABORIGINAL CORPORATION RNTBC

To The Directors of Ewamian People Aboriginal Corporation RNTBC

I hereby apply to become a member of the Corporation.

Name: _____

Residential Address:

Phone: _____

Email: _____

I am over the age of 18: YES NO

Date of Birth: ____ / ____ / _____

Family Group: _____

Parents: _____

Grandparents: _____

Nominated Region: _____

By signing this form, I agree to be bound by the Rules of the Corporation and consent to be a Member.

.....
(signature of applicant)

.....
(date)

This form will not be considered valid unless signed by the Applicant and a box ticked to confirm the applicable apical ancestor.

Application tabled at Director’s Meeting held	Date:
Directors confirmed applicant is eligible for membership	<input type="radio"/> Yes <input type="radio"/> NO <input type="radio"/> More info required
Entered on register of members	Date: Initials:
Entered on ORIC	Date: Initials:

